## 2012 NJPN CONFERENCE// MARCH 2, 2012



## NJ DIVISION OF HIGHWAY TRAFFIC SAFETY SCHOLARSHIP APPLICATION

**Highway Traffic Safety Track:** To apply for a scholarship for the 12th Annual Conference Highway Traffic Safety education track, please complete this scholarship application and return to NJPN via fax (732-367-9985) or mail (address listed below). This completed form serves as a registration form and scholarship application. The \$100 Registration Fee must accompany this completed form. The deadline for submission is February 24, 2012 (or sooner if registration capacity is reached or all scholarships are fulfilled).

**Requirements:** Each scholarship applicant must successfully complete the scholarship requirements by:

- 1. completing and submitting the form below
- 2. attaching registration payment of \$100

**Scholarship Applicant Information** 

- 3. attending the three (3) required Highway Traffic Safety Track workshops
- 4. completing all sign-in and evaluation requirements at the 12th Annual Conference

Upon verification of the successful completion of all required steps, a scholarship will be awarded and you will be reimbursed your \$100 payment. Any applicant who does NOT follow the above mentioned requirements will forfeit their scholarship and their payment will be processed as a conference registration fee. If you have any questions, please contact Lisa Daly at NJPN - lisa@njpn.org.

## First Name \_\_\_\_\_\_ Last Name \_\_\_\_\_ Organization \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_ Email Address (Required) Do you need a sign language interpreter? Yes No What's your agency's primary focus? (Please Circle One) Substance Abuse Treatment Substance Abuse Prevention Education Law Enforcement Health/Human Services Military Mental Health Business Healthcare Are you a member of your local Municipal Alliance? Yes No **Payment Information Important Note:** Checks and/or credit cards will NOT be processed unless scholarship is forfeited due to non-compliance. Visa/Mastercard Number (No Amex) \_\_\_\_\_ Expiration Date Fax completed form to NJPN: 732-367-9985. Check (Please make check payable to: NJPN) Mail To: New Jersey Prevention Network 150 Airport Road, Suite 1400

## Attendance Agreement

I understand that I am required to attend the three (3) Highway Traffic Safety workshops in order to be reimbursed the conference registration fee of \$100. If I do not attend all three, I am not entitled to any reimbursement.

Lakewood, NJ 08701

Signature: \_\_\_\_\_ Date: \_\_\_\_\_